SEP 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Barry — Registration District No. 29 — File No. 23097
Township — Primary Registration District No. 4021 — Registered No. 59
City Cassville (No. ..... St. ..... Ward)

2. FULL NAME Delphine Stranger

(a) Residence, No. ..... (Usual place of abode) Cassville, Mo. St. ..... Ward. .....
Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female — 4. COLOR OR RACE: white — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Robert Stranger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16 1908

7. AGE — YEARS: 66 — MONTHS: 1 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry, or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cassville Mo.

FATHER

13. NAME: Claude Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Columbia Neley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): John Howard Cassville Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forrest Cem. DATE: July 13, 1934

19. UNDERTAKER (ADDRESS): Horne Funeral Home Cassville Mo

20. FILED 9-10, 1934 — J. W. Newman, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1933 to July 8, 1934
I last saw her alive on July 8, 1934. Death is said to have occurred on the date stated above, at 7:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	7/9/34
130B	
130b	
127	

Other contributory causes of importance: Purulent Cystic ovary Pus tube (Right side)

Name of operation Removal abdo. Date of 7-9-34
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. C. McDaniel M.D.
(Address) Cassville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
WHEN FILLED, WITH UNDERLINING INK, THIS IS A PERMANENT RECORD

#2

Barry

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Delphine Stringer

Who died at ______ on July 10-

Residence: No. ______ St. ______ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years ______ Months ______ Days ______

Sex ______ Color or race ______ Single, married, widowed or divorced: ______

Date of birth ______ Age: Years 26 Months 1 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ______ (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. ______

Peritonitis Purulent cystic ovary

Date deceased last worked at this occupation: Month ______ Year ______

Birthplace (State or country) Pus tube rt side (Removal

Birthplace of father (State or country) of same).

Birthplace of mother (State or country) ______

Principal cause of death: Postoperative peritonitis (not puerperal)

139a

Other contributory causes of importance ______

Name of operation ______ Date of ______

What test confirmed diagnosis? ______ Was there an autopsy? ______

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ______ Date of injury ______, 19___

Where did injury occur? ______ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ______

Nature of injury ______

Was disease or injury in any way related to occupation of deceased? ______

If so, specify ______

Name of physician ______

Address of physician ______

Signature of Registrar Geo. W. Newman Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 29

Primary Reg. Dist. No. 4021

Very truly yours,

E. T. McGaugh M.D. S.C.

Special Agent.

S-23097